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CONFIRMATION NO. 2836

<b>SERIAL NUMBER</b> 10/708,837	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 235	<b>GROUP ART UNIT</b> 2876	<b>ATTORNEY DOCKET NO.</b> 70655.0100
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/340,352 01/10/2003 which is a CIP of 10/192,488 07/09/2002 PAT 7,239,226 which claims benefit of 60/304,216 07/10/2001 and said 10/340,352 01/10/2003 is a CIP of 10/318,432 12/13/2002 and is a CIP of 10/318,480 12/13/2002 PAT 7,249,112 and claims benefit of 60/396,577 07/16/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 05/21/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> AZ	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
66170

**TITLE**  
METHOD AND SYSTEM FOR PROFFERING MULTIPLE BIOMETRICS FOR USE WITH A FOB

<b>FILING FEE RECEIVED</b> 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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